



## Wellness Champion Request Form

Please complete these forms. Once received the State's Wellness Team will review all requests and determine Wellness Champion finalists.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

T-shirt Size: S M L XL XXL XXXL

Job Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Work Location (building, address, city, zip): \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Approval:

- ☐ I have discussed my desire to serve as a Wellness Champion with my supervisor and have their approval to apply (supervisor signature required on next page)
- ☐ I have NOT discussed this with my supervisor

I want to be a Wellness Champion because:

\_\_\_\_\_

\_\_\_\_\_

How will you help support, promote and build a culture of wellness in your agency/location?

\_\_\_\_\_

\_\_\_\_\_

Please complete these forms and return to: Cameron Troxell, Health and Wellness Director, State Personnel Department; Fax: (317)232-3089 or via email at ctroxell@spd.in.gov.



## Wellness Champion Agreement

**Wellness Champion Goal:** Serve as an ambassador and resource to the State of Indiana Employee Wellness Program to build a culture of wellness by communicating Invest In Your Health program options to co-workers, while providing constructive program feedback to the Health & Wellness Manager.

I understand that my role as a Wellness Champion is expected to be an additional duty that is permitted on state time (approved by State Personnel Department) and that serving in this role shall not interfere with my primary job duties. I acknowledge that a reasonable amount of time spent on wellness activities in my role as a Wellness Champion is no more than two hours per month.

I have carefully reviewed the 'Wellness Champion Description,' discussed this role with my supervisor and understand my role as a Wellness Champion.

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Wellness Champion Signature

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Date

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Supervisor Signature

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Date